

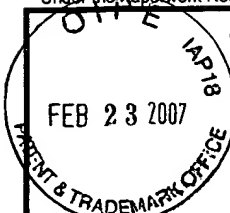
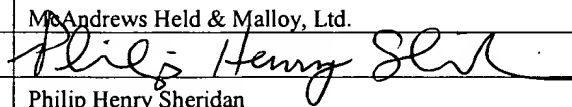
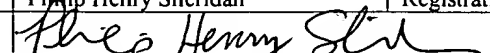
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PTO/SB/21 (07-06)

Approved for use through 09/30/2006

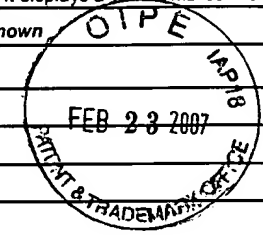
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 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>		Application Number		09/533,022	
		Filing Date		March 22, 2000	
		First Named Inventor		Wilf LeBlanc	
		Art Unit		2614	
		Examiner Name		Jefferey F Harold	
		Attorney Docket Number		17422US02	
Total Number of Pages in This Submission		49			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		Statement Under 37 CFR 3.73(b)			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm		McAndrews Held & Malloy, Ltd.			
Signature					
Printed Name		Philip Henry Sheridan			
Date		February 20, 2007			
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 20, 2007					
Name (Print/type)		Philip Henry Sheridan		Registration No. (Attorney/Agent)	
Signature				Date	
				February 20, 2007	

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2006</h2>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/533,022
		Filing Date	March 22, 2000
		First Named Inventor	Wilf LeBlanc
		Examiner Name	Jefferey F Harold
		Art Unit	2614
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Attorney Docket No.	17422US02



METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
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☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES		Small Entity	
Fee Description	Fee(\$)	Fee(\$)	
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	
	-20 or HP				Fee	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)		
		-3 or HP				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

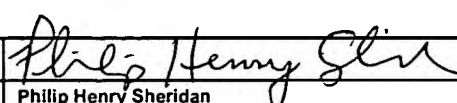
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Terminal Disclaimer Under 37 C.F.R. 1.321(c)	\$130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	59,918	Telephone	(312)775-8000
Name (print/type)	Philip Henry Sheridan	Date	February 20, 2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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